

Sept. 8, 2014

Case Number 13-53846

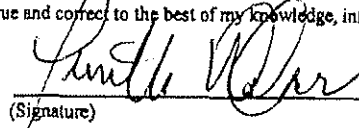
Debtor: City of Detroit

Creditor: Senior Accountants Analysts and Appraisers Association

We are filing an objection in response to the debtor's objection to our proof of claim.

Audrey Bellamy
President, SAAA

FILED
2014 SEP -8 P 3:58
U.S. BANKRUPTCY
E.D. MICHIGAN-DETROIT

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT of MICHIGAN		CHAPTER 9 PROOF OF CLAIM
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): SAAA Union - members		COURT USE ONLY <input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where notices should be sent: SENIOR ACCOUNTANT, ANALYST, AND APPRAISERS ASSOCIATION 65 CADILLAC SQUARE 2905 CADILLAC TOWER Building DETROIT, MI 48226		
Telephone number: (313) 961-3701 email: LJSWALKER@NETZERO.NET		<input checked="" type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Name and address where payment should be sent (if different from above): Telephone number: _____ email: _____		
1. Amount of Claim as of Date Case Filed: \$ 198,734		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: SERVICES PERFORMED - GRIEVANCE (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:		3a. Debtor may have scheduled account as: _____ (See instruction #3a)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2).		\$ _____
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____.		\$ _____
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
8. Signature: (See instruction # 8) Check the appropriate box. <input type="checkbox"/> I am the creditor. <input checked="" type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3004.) (See Bankruptcy Rule 3005.) I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: Lenetta WALKER Title: Administrative Representative Company: SAAA Address and telephone number (if different from notice address above): _____ Telephone number: _____ email: _____		
(Signature) 		(Date) 2/20/2014

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

**SAAA Grievances unsettled claims
Summary as of February 20, 2014**

Grievant	Complaint	Start through End Date	Total Claims
Cos Ukandu	Out of Class Pay	10/09/2009- 09/15/2011	\$11,667
Narkita Sparkman	Tuition Reimbursement- Grant Funded 100%	10/2010	2,000
Kimberly Taggart	Out of Class Pay/Temporary title change	11/2010- 8/2011	1,175
Brie Fort	Out of Class Pay/Temporary title change	11/2010- 8/2011	1,175
Brenda Davis	Out of Class Pay/Temporary title change	11/2010- 8/2011	1,175
Brandi Brown	Termination due to examination. The position no longer requires an exam and employee was not called back.	11/21/2011- 7/13/2013	55,575
Sharon Moore	Laid off brought back as Jr. Gov't Analyst. Improper bumping	10/2007- 5/2008 & 6/2010- 12/2010 1/2011-7/2013	125,967
Grand Total			\$198,734

ATTACHMENT

Statement

I am a SAAA Union member. The Union is also a part of the Coalition of Unions.